Ø 010 PRINTED: 01/13/2015 FORM APPROVED

		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING: 01				
	FCL011198		B. WING		12/30/2014	
			RESS, CITY, ST	ATE, ZIP CODE		
	PROVIDER OR SUPPLIER	351 FAMIL	Y RIDGE RO			
evergr	EEN LIVING HOME #	11 LEICESTE	R, NC 28748	TORREST NAMES OF STREET	ON (X6)	
(X4) ID PREFIX YAG	(CACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE	
C 000	Initial Comments		C 000	CONSTRUCTION SECTION)N	
	Report by Glenn H	oppin		JAN 27 2015		
	complaint Survey of above referenced the home was first as a Family Care if more than three w to evacuate and re- verbal assistance emergency). Base requiring the home the following: the fi- Homes Minimum a Regulations", the Rules 10A NCAC	n Section conducted a on December 30, 2014 at the facility. DHSR records indicate licensed on October 16, 1997 Home for six Residents with no ho are non-ambulatory (un-able spond without any physical or during a fire or other d on this information we are to maintain compliance with 1992 "Rules for Family Care and Desired Standards and applicable portions of the 2005 13G for Family Care Homes, th Carolina State Building Code ion 419.3 - Small Residential		RECEIVED		
	At the time of our require an accept as follows:	visit, we cited deficiencies that able plan of correction. They are				
C 17	Fire Safety-Any C	other City Ordinances	C 170			
	DISASTER PLAN	0316 FIRE SAFETY AND				
	A fire drill was County Fire Mars Drill the residents	met as evidenced by: conducted by the Buncombe shal on Dec 09, 2014. During the s and staff did not react to the fire idents evacuated the facility. Or		Staff trained for alon a resident	evaculation.	

If continueton sheet 1 of 3

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VERGREEN LIVING HOME #11 SIMMARY STATEMENT OF DEFICIENCIES LECESTER, NC 28748 PROVIDER'S FLAN OF CORRECTION REQUIATORY OR LISC IDENTIFYING INFORMATION REQUIATORY OR LISC IDENTIFYING INFORMATION REQUIATORY OR LISC IDENTIFYING INFORMATION C 170 C 170 Continued From page 1 December 30, 2014 a fire drill was conducted by the staff with DHSR Construction and DSS observing the fire drill. The staff did not have a full understanding of proper evacuation procedures and did not know how to operate or reset the fire alarm system. With sasistance from the Buncombe County Fire Marshall, provide training to all staff and residents on proper emergency evacuation procedures and how to respond to a fire alarm. Also provide training to the proper operation of the fire alarm system. 2. Discussion with the Buncombe County Fire Marshall and interested that on several occasions emergency responders have been dispatched to the facility and due to cultural and language barriers, were delayed in responding to the correct facility and were not given a clear understanding of the emergency. The emergency responders do not speak Korean and the residents and staff do not speak English. This creates a delay in reacting to the emergency. Consult with the Buncombe County Fire Marshall and implement any recommendations or directives given by the fire Marshall to improve response time and safety of the residents. C 174 SECTION .0300 - THE BUILDING SERVICE EQUIPMENT (a) The building and all fire astety, electrical, mechanical, and plumbing equipment in a family care homes shall be maintained in a safe and operating condition. (i) This Rule shall apply to new and existing family care homes.	STATEMENT OF DEFICIENCIES (X1) PE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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EVERGREEN LIVING HOME #11 Continued From page 1 Continued From page 1 December 30, 2014 a fire drill was conducted by the staff with DHSR Construction and DSS observing the fire drill. The staff did not have a full understanding of proper evacuation procedures and did not know how to operate or reset the fire alarm system. With assistance from the Buncombe County Fire Marshall, provide training to all staff and residents on proper emergency evacuation procedures and how to respond to a fire alarm system. 2. Discussion with the Buncombe County Fire Marshall represents the fire alarm system. Provide training on the proper operation of the fire alarm system. 2. Discussion with the Buncombe County Fire Marshall revealed that on several occasions emergency reaponders have been dispatched to the facility and due to cultural and language barriers, were delayed in responding to the correct facility and were not given a clear understanding of the emergency. The emergency responders do not speak Korean and the residents and staff do not speak Korean and the residents and staff do not speak Korean and the residents and staff do not speak Korean and miplement any recommendations or directives given by the fire Marshall to improve response time and safety of the residents. C 174 Building Equipment Meintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) This Rule shall apply to new and existing	NAME OF P	ROVIDER OR SUPPLIER					
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		(a) The building mechanical, and care home shall be operating condition (i) This Rule shall be shall b	plumbing equipment in a family be maintained in a safe and on. all apply to new and existing				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING: 01		COMPLETED			
ALL THE							
		FCL011196	B. WING		12/30/	2014	
			MEDE CITY PT	ATE ZIP CODE		1	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA				
EVERGR	EEN LIVING HOME #		R, NC 28748				
LVERGI				PROVIDER'S PLAN OF CORRECTION	ON	(X6) COMPLETE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
C 174	Continued From pe	age 2	C 174			1	P.
0,174	This Rule is not m The manual pull st	et as evidenced by: ation in the kitchen is broken properly. Have a qualified replace the broken pull station.		corrected		1/23/15	